

Atty. Dkt. No. 074022-3302

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: DREWES et al.
Title: METHODS AND DEVICES
FOR MASS TRANSPORT
ASSISTED OPTICAL
ASSAYS
Appl. No.: 08/950,963
Appl. Filing Date: 10/15/1997
Examiner: J. Lundgren
Art Unit: 1631

CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on (703.872.9307) the date below. _____ Germaine Sarda (Printed Name) _____ (Signature) September 12, 2003 (Date of Deposit)
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REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. § 141, or the commencement of a civil action under 35 U.S.C. § 145 or § 146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. § 1.114: (check items that apply)

a. Enclosed are:

[X] Amendment/Reply.

[] Other .

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The filing fee is calculated below:

	Claims as Amended		Previously Paid For		Extra Claims Present		Rate		Fee Totals
RCE Fee 1.17(e)							\$750.00		\$750.00
Total Claims:	96	X	105	=	0	x	\$18.00	=	\$0.00
Independents:	11	X	11	=	0	x	\$84.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$280.00	=	\$0.00
CLAIMS FEE TOTAL:									\$750.00

[X] Please charge Deposit Account No. 50-0872 in the amount of \$1030.00. A duplicate copy of this transmittal is enclosed.

[] A check in the amount of \$1030.00 to cover the filing fee is enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Sept. 12, 2003By Richard San Pietro

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